

**CERTIFICATE OF  
PUBLIC CONVENIENCE  
AND NECESSITY (CPCN)**

affix label here

**CALENDAR YEAR 2013**

**ANNUAL REPORT FOR  
DISPOSAL UTILITIES**

**DUE JUNE 1, 2014**

## 2013 ANNUAL REPORT INSTRUCTIONS

1. This Annual Report form contains the appropriate schedules for Solid Waste Utilities who are required to file an Annual Report with the Department of Environmental Protection of New Jersey.
2. This report must be filed in Original form **no later than June 1, 2014**.
3. Failure to file a complete Annual Report will result in penalties and may result in the loss of the your Certificate of Public Convenience and Necessity in accordance with N.J.A.C. 7:26H-5.15(b)1.
4. The word "respondent" wherever used in this report means the person, firm, association, or corporation for the solid waste public utility on whose behalf the report is filed.
5. This report can be found online at [www.nj.gov/dep/dshw/swr](http://www.nj.gov/dep/dshw/swr) and can be downloaded to your hard drive or computer. It cannot be completed online.
6. The instructions should be carefully observed and each question should be answered fully and accurately whether or not it has been answered in a previous Annual Report. If the word "no" or none truly and completely states the fact, it should be used to answer any particular inquiry or any portion thereof. If any schedule or inquiry is not applicable to the Respondent, please indicate by noting "N/A"
7. The Annual Report should be complete in itself in all particulars. Reference to Annual Report of previous years or to other reports should not be made in lieu of required entries except as herein specifically directed or authorized.
8. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be enclosed in parentheses.
9. Whenever schedules call for comparisons of figures of a previous year, the figures reported must be based upon those by the Annual Report of the previous year. Any adjustments from a prior year's Annual Report must be explained in detail.
10. If the respondent makes a report for a period less than a calendar year, the beginning and the end of the period covered must be clearly stated on the form cover and throughout the report where the year or period is required to be stated.

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## **NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 7:26-2:13**

### **(g) Waste identification and definition of solids includes the following:**

#### **1. Solid wastes; waste ID number and definitions:**

- i. 10 Municipal (household, commercial and institutional): Waste originating in the community consisting of household waste from private residences, commercial waste which originates in wholesale, retail or service establishments, such as, restaurants, stores, markets, theatres, hotels and warehouses, and institutional waste material originated in schools, hospitals, research institutions and public buildings.
- ii. 12 Dry sewage sludge: Sludge from a sewage treatment plant which has been digested and dewatered and does not require liquid handling equipment.
- iii. 13 Bulky waste: Large items of waste material, such as appliances and furniture. Discarded automobiles, trucks and trailers and large vehicle parts, and tires are included under this category.
- iv. 13C Construction and demolition waste: Waste building material and rubble resulting from construction, remodeling, repair, and demolition operations on houses, commercial buildings, pavements and other structures. The following materials may be found in construction and demolition waste: treated and untreated wood scrap; tree parts, tree stumps and brush; concrete, asphalt, bricks, blocks and other masonry; plaster and wallboard; roofing materials; corrugated cardboard and miscellaneous paper; ferrous and non-ferrous metal; non-asbestos building insulation; plastic scrap; dirt; carpets and padding; glass (window and door); and other miscellaneous materials; but shall not include other solid waste types.
- v. 23 Vegetative waste: Waste materials from farms, plant nurseries and greenhouses that are produced from the raising of plants. This waste includes such crop residues as plant stalks, hulls, leaves and tree wastes processed through a wood chipper. Also included are non-crop residues such as leaves, grass clippings, tree parts, shrubbery and garden wastes.
- vi. 25 Animal and food processing wastes: Processing waste materials generated in canneries, slaughterhouses, packing plants or similar industries, including animal manure when intended for disposal and not reuse. Also included are dead animals. Animal manure, when intended for reuse or composting, is to be managed in accordance with the criteria and standards developed by the Department of Agriculture as set forth at N.J.S.A. 4:9-38.
- vii. 27 Dry industrial waste: Waste materials resulting from manufacturing, industrial and research and development processes and operations, and which are not hazardous in accordance with the standards and procedures set forth at 7:26G. Also included are nonhazardous oil spill cleanup waste, dry nonhazardous pesticides, dry nonhazardous chemical waste, and residue from the operations of a scrap metal shredding facility.
- viii. 27A Waste material consisting of asbestos or asbestos containing waste.
- ix. 27I Waste material consisting of incinerator ash or ash containing waste.

### **(h) Waste identification and definition of liquids include the following:**

#### **1. Liquid wastes; waste ID number and definitions:**

- i. 72 Bulk liquid and semiliquids: Liquid or a mixture consisting of solid matter suspended in a liquid media which is contained within, or is discharged from, any one vessel, tank or other container which has the capacity of 20 gallons or more. Not included in this waste classification are septic tank clean-out wastes and liquid sewage sludge.
- ii. 73 Septic tank clean-out wastes: Pumpings from septic tanks and cesspools. Not included are wastes from a sewage treatment plant.
- iii. 74 Liquid sewage sludge: Liquid residue from a sewage treatment plant consisting of sewage solids combined with water and dissolved materials.

SW \_\_\_\_\_

## **2013 CPCN ANNUAL REPORT FOR DISPOSAL FACILITIES**

**PLEASE FILL IN ALL INFORMATION BELOW:**

TODAY'S DATE: \_\_\_\_\_

1. NAME OF DISPOSAL FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

BILLING/MAILING ADDRESS: (☐CHECK HERE IF SAME AS ABOVE):

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

2. NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

RELATIONSHIP TO THE FACILITY: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

3. DOES THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Provide a brief description: \_\_\_\_\_

\_\_\_\_\_

☐ Check here if additional pages are attached

**PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE**

SW \_\_\_\_\_

4. DO ANY PRINCIPALS OF THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS OR LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Provide a brief description: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Provide a brief description: \_\_\_\_\_

\_\_\_\_\_

☐ Check here if additional pages are attached

### **SOLID WASTE DISPOSAL UTILITY TARIFF SUBMISSION**

N.J.A.C 7:26H-4.2(a) requires all solid waste collection and disposal utilities shall file tariff with the Department, on forms provided by the Department, and shall keep a copy of all tariffs open to public inspection on the premises of the utility or at the office of a designated agent. Tariffs must show the service area, standard terms and conditions, and all general privileges and franchises granted. The tariffs shall be available during business hours, and shall be produced on demand for any Department official, local government official or any person for examination during normal business hours.

**IF A TARIFF IS NOT SUBMITTED, THIS ANNUAL REPORT WILL BE CONSIDERED ADMINISTRATIVELY INCOMPLETE**

5. Please submit an updated tariff for all solid waste services you provide. A Tariff Update follows:

***PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE***

SW \_\_\_\_\_

**TARIFF APPLICATION/UPDATE OF EXISTING TARIFF (2013)**

This Tariff contains the terms and conditions and schedules of rates governing the services furnished by a public utility and holder/applicant of a Certificate of Public Convenience and Necessity for the collection of solid waste.

**PLEASE FILL IN ALL INFORMATION BELOW:**

**1. INFORMATION**

NAME OF COMPANY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

BILLING/MAILING ADDRESS: (☐CHECK HERE IF SAME AS ABOVE):

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

NAME OF REGISTERED AGENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE**

SW \_\_\_\_\_

## 2. TERRITORY SERVED

Solid waste collection services provided by this solid waste utility as set forth in this document and are in the counties of: (check all that apply)

- |   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> All Counties in New Jersey | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Passaic  |
| <input type="checkbox"/> Atlantic                   | <input type="checkbox"/> Hudson     | <input type="checkbox"/> Salem    |
| <input type="checkbox"/> Bergen                     | <input type="checkbox"/> Hunterdon  | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Burlington                 | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Sussex   |
| <input type="checkbox"/> Camden                     | <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Union    |
| <input type="checkbox"/> Cape May                   | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Warren   |
| <input type="checkbox"/> Cumberland                 | <input type="checkbox"/> Morris     |                                   |
| <input type="checkbox"/> Essex                      | <input type="checkbox"/> Ocean      |                                   |

By filing this Tariff Document, the Utility named above agrees to conform with all rules and regulations promulgated by the District Solid Waste Management plans and the NJ Department of Environmental Protection in accordance with N.J.S.A. 48:13A-1 et seq., and N.J.S.A. 13:1E-1 et seq.

## 3. HOURS OF OPERATION

The collection utility shall pick-up waste in accordance with the following schedule: \_\_\_\_\_

\_\_\_\_\_

The collection utility will not pick-up waste of the following holidays: \_\_\_\_\_

\_\_\_\_\_

**When a scheduled collection day occurs on a listed holiday, collection will be made on the next scheduled collection day. In those cases where collection is scheduled on one collection-per-week basis, collection will be made as soon as possible.**

## 4. METHOD OF BILLING

Please list the billing and payment procedures (example: invoicing) \_\_\_\_\_

\_\_\_\_\_



SW \_\_\_\_\_

## 5. TYPES OF SERVICE AND DETAILS

Please provide a detail list of the types of service(s), capacity of truck(s) or container(s), price and whether the dumping fee is included in price:

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---

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Examples:

- Dump truck service: 5 cubic yards. Price does not include dumping fee. \$550.00 per full truck load price; \$412.50 per  $\frac{3}{4}$  truck load price; \$275.00 per  $\frac{1}{2}$  truck load price \$137.50 per  $\frac{1}{4}$  truck load price.
- Pick-up service/dump truck service by piece. For example: Chair \$75, couch \$150. Price includes dumping fee.
- Box truck service: 5 cubic yards, \$300 per load. This includes disposal fees.
- Pick-up truck service: 5 cubic yards, \$275 per load. This includes disposal fee.
- Pick-up truck service: 8 cubic yard, \$350 per load. This does not include disposal fee.
- Roll-off container service: 10 cubic yards, \$250 per pull plus disposal fees.
- Roll-off container service: 10 cubic yards, \$450, 20 cubic yards \$650, 30 cubic yards \$750, and 40 Cubic yards \$850. Dumping fee is included
- Flatbed service: 48 feet, \$400 plus \$1.00 per actual travels on way to disposal site. This does not include disposal fee.
- Tractor trailer service: 90-125 cubic yards, \$600 to \$70 a day. This does not include tipping fee.
- Rack body truck: 14 feet estimated \$700-\$900 per load. This does not include disposal fee.

SW \_\_\_\_\_

6. PLEASE PROVIDE YOUR SCHEDULE OF RATES IN THE APPROPRIATE CHART BELOW:

**DISPOSAL TARIFF**

WASTE TYPE	RATE PER TON
<i>Examples: Type 10</i>	<i>Examples: \$65/ton</i>
<i>Type 13</i>	<i>\$95/ton</i>
<i>Type 27</i>	<i>\$75/ton</i>

SW \_\_\_\_\_

**TIPPING FEE CHANGES**

This form is required only when tipping fees will change.

**Future Changes in Tipping Fee Information:**

Solid Waste Disposal Utilities are required to Notify the Department of any changes in tipping fees within (3) days of the changes. If you anticipate changing tipping fees, please copy and use this form to notify the Department of any changes your facility may make in tipping fees.

**Current tipping fee rates:**

Current Tipping Fees and Waste Types: \_\_\_\_\_

Date was posted at the gate rate: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Anticipated NEW Tipping Fees\* and Waste Types: \_\_\_\_\_

Anticipated Date New Tipping Fee will posted at the gate rate: \_\_\_\_\_

**WITHIN THREE (3) DAYS OF CHANGE, PLEASE FILL OUT THE ABOVE INFORMATION AND MAIL TO:**

NJDEP ECONOMIC REGULATION  
401 EAST STATE STREET  
MAIL CODE 401-02C; PO BOX 420  
TRENTON, NJ 08625  
ATTN: JOSEPH NALBONE

SW \_\_\_\_\_

**TRANSFER STATION DISPOSAL INFORMATION**

Company Name: \_\_\_\_\_

Please provide the information below for each disposal facility used by your company for calendar year 2013

List the Name and Address of All Disposal Facilities the Respondent Used During 2013	Waste Type	Total Tons Disposed at Facility	Total Amount of Disposal Fee Paid to the Facility	Name of the Hauler used to Transport Solid Waste

SW \_\_\_\_\_

**HOST COMMUNITY BENEFIT REPORT**

USE LATEST AVAILABLE DATA FOR HOST COMMUNITY BENEFITS

Company Name: \_\_\_\_\_

Solid Waste Number: SW \_\_\_\_\_

Facility ID: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Host Municipality: \_\_\_\_\_

Amount Per Ton: \_\_\_\_\_

Free Dumping: ☐ No ☐ Yes: If yes, provide details: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

SW \_\_\_\_\_

**GROSS OPERATING REVENUE BY COUNTY**

Please provide the Gross Operating Revenues per ton for all solid waste collected during 2013.

County	2013 Solid Waste Revenue
Atlantic	
Bergen	
Burlington	
Camden	
Cape May	
Cumberland	
Essex	
Gloucester	
Hudson	
Hunterdon	
Mercer	
Middlesex	
Monmouth	
Morris	
Ocean	
Passaic	
Salem	
Somerset	
Sussex	
Union	
Warren	
Out of State Waste Received	

Total Solid Waste Revenue by Tons  
Year Ending December 31, 2013: \$ \_\_\_\_\_

SW \_\_\_\_\_

**OPERATING EXPENSE STATEMENT**

Operating expenses during 2013.

Amount on this form must match Page 8      \$ \_\_\_\_\_

**OPERATING EXPENSES:**      Total: \_\_\_\_\_

Disposal (Transfer Station or Incinerator Ash) \_\_\_\_\_

Salaries and Benefits \_\_\_\_\_

Fuel and Oil \_\_\_\_\_

**OFFICE EXPENSES:**      Total: \_\_\_\_\_

Salaries and Benefits \_\_\_\_\_

General and Administration \_\_\_\_\_

Building and Grounds \_\_\_\_\_

**DEBT EXPENSE**      Total: \_\_\_\_\_

**DEPRECIATION EXPENSE**      Total: \_\_\_\_\_

**TAXES:**      Total: \_\_\_\_\_

Payroll \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**GROSS INCOME OR LOSS:** \_\_\_\_\_

Income Tax \_\_\_\_\_

**NET INCOME OR LOSS:** \_\_\_\_\_

SW \_\_\_\_\_

**SOLID WASTE REVENUE**

**REPORT THE ANNUAL GROSS OPERATING REVENUE FOR 2013 FROM THE FOLLOWING WASTE TYPES:**

Gross operating revenue from each waste type and rate:

Type 10 Waste: \_\_\_\_\_

Type 13 Waste: \_\_\_\_\_

Type 23 Waste: \_\_\_\_\_

Type 25 Waste: \_\_\_\_\_

Type 27 Waste: \_\_\_\_\_

All other special wastes (tires, mattresses): \_\_\_\_\_

Recycling Revenue: \_\_\_\_\_

Energy Revenue: \_\_\_\_\_

Investment Revenue: \_\_\_\_\_

Miscellaneous Revenue Source(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL GROSS OPERATING REVENUE FOR**

**CALENDAR YEAR 2013 \$ \_\_\_\_\_**



SW \_\_\_\_\_

**CONTRACTS FOR DELIVERY OF SOLID WASTE  
TO YOUR FACILITY FROM A CUSTOMER**

1. Contracts the Facility has with Customers, for Delivery of Solid Waste to the Facility

List all major contracts the RESPONDENT has placed for delivery of Solid Waste to the Respondent's (designated) facility (label and attach a separate page if necessary):

Name of Company or Entity \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Contract Termination Date \_\_\_\_\_  
Total Tons of solid waste delivered \_\_\_\_\_  
Total amount of revenue received  
during calendar year 2013 for each contract \_\_\_\_\_

Name of Company or Entity \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Contract Termination Date \_\_\_\_\_  
Total Tons of solid waste delivered \_\_\_\_\_  
Total amount of revenue received  
during calendar year 2013 for each contract \_\_\_\_\_

Name of Company or Entity \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Contract Termination Date \_\_\_\_\_  
Total Tons of solid waste delivered \_\_\_\_\_  
Total amount of revenue received  
during calendar year 2013 for each contract \_\_\_\_\_

☐ Check here if additional pages are attached

SW \_\_\_\_\_

**EXPENSE STATEMENT**

1. List all contracts in place between the Respondent and a contractor for operations of a DISPOSAL FACILITY owned by the respondent in calendar year 2013  
  
Name of Contractor \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Amount Spent \_\_\_\_\_
2. List all contracts in place between the Respondent and a contractor for operations of a disposal facility NOT owned by the respondent in calendar year 2013  
  
Name of Contractor \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Amount Spent \_\_\_\_\_
3. Identify all outstanding long term debt the Respondent has incurred in finance Respondents' Solid Waste System. For each bond or encumbrance issued to finance your solid waste system, Please state the following:  
  
Date Issued \_\_\_\_\_  
Original Amount of Debt \_\_\_\_\_  
Principal remaining \_\_\_\_\_  
Maturity Date \_\_\_\_\_  
Annual Debt service owned and paid \_\_\_\_\_
4. List all transportation contracts the Respondent has entered into (label and attach a separate page if necessary):  
  
Name of Contractor \_\_\_\_\_  
Term of the Contract \_\_\_\_\_  
Termination of the Contract \_\_\_\_\_  
Item transported (ash or solid waste) \_\_\_\_\_  
Amount spent on contract in 2013 \_\_\_\_\_

☐ Check here if additional pages are attached

SW \_\_\_\_\_

**EXPENSE STATEMENT (continuation)**

5. List all landfill air space contracts that Respondent holds or Incinerator contracts where solid waste from your facility is disposed:

Name of Landfill or Incinerator \_\_\_\_\_

Length of the Contract \_\_\_\_\_

Termination of the Contract date \_\_\_\_\_

Total Space reserved (*if applicable*) \_\_\_\_\_

Amount spent on contract in 2013 \_\_\_\_\_

6. Identify expenses for 2013 in the following categories:

Administration \_\_\_\_\_

Energy \_\_\_\_\_

Insurance \_\_\_\_\_

Professional Service \_\_\_\_\_

Maintenance \_\_\_\_\_

Special Fund \_\_\_\_\_

Miscellaneous (items **less** than 5% of total) \_\_\_\_\_

Miscellaneous (items **over** than 5% of total) \_\_\_\_\_

Capital Improvements \_\_\_\_\_

Acquisition of Capital Assets \_\_\_\_\_

7. Identify any significant changes in your expenses that you expect to incur in 2014:

(+/-20% of 2013 expenses) Explain the anticipated changes: \_\_\_\_\_

\_\_\_\_\_

SW \_\_\_\_\_

## **CORPORATION STRUCTURE**

### **THIS PAGE MUST BE COMPLETED BY CORPORATIONS**

(Limited Liability Companies, Partnerships and Proprietorship - please mark N/A and proceed to the next page)

**OFFICERS:** Report below officers at date of verification of this report.

If there have been any changes since the last report, name, show title, and address of previous officer and date of changed.

Name and Official Title	Principal Business Address	Date Appointed or Changed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**DIRECTORS:** Please list all Current Directors; and list previous Director that has changed since the last reporting cycle. If there have been any changes since the last report, show name and address of previous Director and date of change.

**Designate by asterisk members of executive committee**

Name of Directors	Principal Business Address	Term Began	Term Expires
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Number of meetings of Board of Directors held during 2013: \_\_\_\_\_

Number of Directors required to constitute a quorum: \_\_\_\_\_

Total amount of Director fees paid during 2013: \_\_\_\_\_

**PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE**

LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP STRUCTURE

THIS PAGE MUST BE COMPLETED BY LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP  
(Corporations - please mark N/A)

Please list name of Members, Partners and/or Owners, Official Title, Residential Address, Date Appointed to Position and percentage of ownership.					
Member, Partner or Owner Name and Official Title	Residential Address	Start Date	% OWNERSHIP		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					



1. List security holders have more than 5% voting powers in Respondent, security holders that are corporate directors, security holders that would have more than 5% voting powers if their securities were converted or if their warrants were exercise.
2. Arrange names of security holders in order of voting power commencing with the highest.
3. Indicate officers and directors with an asterisk
4. Report the particulars called for concerning each issue and series of common stock, preferred stock, convertible bond and warrant
5. Amount shown in column (g) with respect to non-par stock without value should be the cash value per share of the consideration received.
6. Indicate the method used to calculate the conversion value of convertible bond and warrants.

**PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE**

SW \_\_\_\_\_

### **VERIFICATION AND OATH FOR 2013 ANNUAL REPORT FILING**

The 2013 Disposal Facilities Annual Report must be certified by the oath of the person responsible for the preparation of the report, also known as the "Responder".

The 2013 Disposal Facilities Annual Report must be verified and certified by the oath of the President or another principal general officer if other than the respondent.

**Oath** To be made by the person responsible for preparation of this report:

\_\_\_\_\_  
(Insert name and title of REPENDENT)

makes oath that he/she has carefully examined the said report and to the best of their knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he/she believes that all other statements of fact contained in the said report are true, and that said report is a correct and complete statement of the business and affairs of the above named respondent during the reporting year.

\_\_\_\_\_  
(Signature of Report Preparer)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print Name of Notary Public or Officer Authorized to Administer Oath

\_\_\_\_\_  
Signature of Notary Public or Officer Authorized to Administer Oath

My Commission expires: \_\_\_\_\_

Impression Stamp

**Supplemental Oath** To be made by the Proprietor, Partner, President or other principal officer of the utility:

\_\_\_\_\_  
(Insert name of Owner or Officer and Title)

makes oath that he/she has carefully examined the foregoing report; that he/she believes that all statements of fact contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above named respondent and the operations of its property during the reporting year.

\_\_\_\_\_  
(Signature of Owner or Officer)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print Name of Notary Public or Officer Authorized to Administer Oath

\_\_\_\_\_  
Signature of Notary Public or Officer Authorized to Administer Oath

My Commission expires: \_\_\_\_\_

Impression Stamp



SW \_\_\_\_\_

### **REMINDERS AND CHECKLIST**

- THIS ANNUAL REPORT IS FOR DISPOSAL FACILITIES FOR CALENDAR YEAR 2013.
- ALL QUESTIONS AND PAGES MUST BE FILLED IN. DO NOT LEAVE ANY QUESTIONS/PAGES BLANK. IF THE QUESTION IS NOT APPLICABLE, YOU MUST MARK AS N/A OR NONE.
- **THIS REPORT IS REQUIRED EVEN IF THERE WAS NO ACTIVITY DURING 2013**

### **CHECKLIST**

HAVE YOU:

- ☐ ANSWERED EVERY QUESTION ACCURATELY OR MARKED N/A
- ☐ HAD THE OATH NOTARIZED
- ☐ ATTACHED A COPY OF YOUR CURRENT TARIFF
- ☐ RETURN THIS COMPLETED PACKAGE BEFORE JUNE 1, 2014

- A \$5 PER DAY PENALTY FOR LATE REPORT WILL BE ASSESSED
- THIS COMPLETE REPORT IS DUE **NO LATER THAN JUNE 1, 2014** AND MUST MAIL TO:

NJDEP - PLANNING AND LICENSING  
2013 DISPOSAL FACILITY ANNUAL REPORT  
401 EAST STATE STREET  
MAIL CODE 401-02C; PO BOX 420  
TRENTON, NJ 08625

*IT IS SUGGESTED THAT YOU MAIL THIS COMPLETED REPORT VIA CERTIFIED MAIL, RETURN RECEIPT AND KEEP A COPY FOR YOUR RECORD*

### **IMPORTANT ASSESSMENT REMINDER:**

Once your Annual Report is reviewed, verified and approved by NJDEP, the Division of Taxation will mail an invoice (a bill) directly to you in the appropriate amount of your annual assessment. This assessment is currently calculated at the rate of  $\frac{1}{4}$  of 1% of your reported gross operating revenue with a \$600 minimum.

ONCE YOU RECEIVE INVOICE, YOU ARE REQUIRED TO PAY YOUR ASSESSMENT PROMPTLY. PLEASE MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY, AT THE ADDRESS LISTED ON YOUR INVOICE REQUIRED TO PAY THIS ASSESSMENT PROMPTLY.